

Title:	Interview Prior to Investigation Protocol (Formerly Informal Investigation Protocol)	Page 1 of 2
Policy No:	1 MS 032	Effective Date: 6/2/2017

**I. SCOPE**

This policy applies to the behavior, and clinical competency of all DMC Medical Staff members, residents and colleagues engaged in any services at a DMC facility, including conduct beyond their professional duties, associations and encounters at the DMC.

**II. OBJECTIVE**

To provide guidance in the request for an Interview Prior to Investigation (“Interview”).

**III. POLICY**

The purpose of the Interview is to allow for an expedited evaluation of issues surrounding alleged actions of a physician’s clinical or professional conduct, prior to a formal investigation.

The focus of the Interview is to provide an opportunity for the Medical Staff member (“Member”) to discuss the circumstances prompting the Interview and present relevant information to an Ad Hoc Committee.

**IV. PROVISIONS**

- An Interview may be initiated by any officer of the Medical Staff, the Specialist-in-Chief of the Member’s department, the DMC President, the MEC, or the Governing Body.
- The Member must be notified in writing and allowed 4 days to respond and agree to participate. If the Member fails to respond or declines to participate in the Interview, the formal Professional Review process will be conducted pursuant to Medical Staff Bylaws.
- The Ad Hoc Committee shall consist of **Active** members of DMC Medical Staff. (In situations where an expert opinion is necessary, the Ad Hoc Committee may employ the services of an expert in the same specialty as the physician or care provider involved.)
- The objective of the Ad Hoc Committee is to conduct a professional assessment of the issues presented and determine whether there is cause to pursue any disciplinary or remedial actions.
- The Ad Hoc Committee shall provide a report based on the facts of their findings, to the MEC. A written record will be made of the Interview and copies will be given to the Member, the President of the Medical Staff, the Member’s Specialist in Chief, the Chief of Staff of the Member’s Hospital and the DMC President.
- The Hospital and Medical Staff have the ultimate responsibility for acting on the report.
- The actions taken by the Hospital and Medical Staff shall be in accordance with the DMC Medical Staff Bylaws and Rules and Regulations and in accordance with the Medical Staff Professional Conduct Policy.

**V. REFERENCES**

DMC Medical Staff Bylaws and Rules and Regulations, Medical Staff Professional Conduct Policy, and DMC Disruptive Physician Policy.

**VI. ADMINISTRATIVE RESPONSIBILITY**

The MEC and governing body shall oversee the Interview process to assure that confidentiality and privacy is preserved and that retaliation is prevented.

**APPROVAL**

This policy has been approved and is duly authorized by Detroit Medical Center, Children’s Hospital of Michigan, Detroit Receiving Hospital, Harper/Hutzel Hospital, Huron Valley-Sinai Hospital, Rehabilitation Institute of

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Michigan, and Sinai-Grace Hospital. The posting of this policy on the DMC intranet signifies that it is in full force and effect.

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**KEY Search Words** medical staff, physician, behavior, clinical competency, professional conduct, duties, provider performance review, disruptive, PEER review, informal investigation

**THIS POLICY:** is/has been: (check one)

<input type="checkbox"/> NEW	<input checked="" type="checkbox"/>	REVIEWED	<input type="checkbox"/> REVISED*
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**CHANGES/REVISIONS: List Changes Here**

Supersedes	February 2015	Next Review Date	June 2019
Origination Date	January 2005	History - Review/Revision Dates	January 2005, November 2008, December 2013, February 2015, June 2017
Related Tenet Policy (ies) #'s			
Retired		Incorporated into or Replaced by Tenet Policy	
Name of Committee / Title of person(s) responsible for this policy's review and approval process		<i>Corporate Director, CVO/Corporate Medical Affairs</i>	